# **Certification Application: Company Profile**



Main S	Signature	Submit	Utilities	Cert L	ist									
		tion Appl	ication (N	IEW)									S	Status: Incomplete Started: 1/2/2020
									12% complete					
red are re firm mark business	equired ar k it as N/A s.	nd must b Questio	e complet ons highlig	ed in o hted in	rder to s yellow	submit are op	t your a ptional	application; please	e to your business. Qu on. If a required field is complete all those tha e saved, you can retur	s not a at app	pplicable ly to your	to your	Re	tion Color Coding equired & incomplete otional & incomplete
									o your company type.			rat arry	Co	omplete
				Sav	e Draf	t	Sav	e & Ret	turn to Summary	C	Cancel			
	ed entry on Stat	us												
	ny Profile		tatus											
Section	on Que	stions												
1.A. Fo	or which (	certificati	ion type a	are you	ı reque	sting	recert	tification	1? *					Required
	Che	ck all that	apply.											
		Minority I	Business	Enterp	rise (ME	3E)								
		Woman E	Business I	Enterp	rise (WE	3E)								
1.B. Ar	e you up	dating th	e busine	ss nan	ne, add	ress,	phone	e, fax, an	nd/or email address	of the	busines	s? *		Required
	Supp	oorting do	cumentat	ion ma	y be red	quired	for an	y update	s in this section.					
	0	Yes												
	0	No												
1.C. Bu	usiness N	lame *												Required
			egal name Inc.", not					mple, a c	orporation named AB	BC Con	struction	, Inc. sho	uld be ide	ntified as "ABC
1.D. "D	oing Bus	siness As	s" (DBA)	Name										Optional
	Com	plete if fir	m does b	usines	s under	an as	sumed	d or trade	e name that is differen	nt from	its legal	name.		
1.E. Bu	usiness A	\ddress *	k											Required
	Must	represer	nt a physic	al loca	tion; no	PO B	ox allo	wed.	7					
									Address line 1					
									Address line 2					
									Address line 3					
									City					
	AZ					Sta	ite, Zip	, Zip4						
1.F. Ma	ailing Add	dress *												Required

	Address line 1
	Address line 2
	Address line 3
	City
State, Zip, Zip4	
1.G. Business Phone Number *	Required
Ext.	
1.H. Fax Number	Optional
1.I. Alternative Business Number	Optional
Alternative Business Number (cell/home/other).	
Ext.	
1.J. Email Address *	Required
1.K. Website	Optional
1.L. Twitter	Optional
1.M. Facebook	Optional
1.N. Other	Cutival .
I.N. Other	Optional
1.O. Federal Employer Identification Number (or SSN) *	Required
A Federal Employer Identification Number is required for mo go to the <u>U.S. Internal Revenue Service website</u> . Sole Propr federal identification number but we strongly advise you to a	st business activities. For an application and/or additional information, ietorships may submit social security number of the owner in lieu of the apply for an EIN.
1.P. Contact Person *	Required
First Name Last Name	Title
1.Q. Contact Phone *	Required
F.	
Ext.	
1.R. Name of business' President/Chief Executive Officer/Owner *	Required

	(mm/dd/yyyy)
1.S. Date B	usiness was Established * Required
	(mm/dd/yyyy)
1.T. Based of Sole Propri	on your business structure are you authorized to do business in the state of NY? (e.g. LLC, LLP, Corporation, letter) *
	If Yes, enter either the state of incorporation for <b>corporations</b> , state of organization for <b>LLCs</b> , or county of registration for <b>sole proprietorships</b> and <b>partnerships</b> .
	○ No
	♦ Yes
1.U. Gross	Receipts (Sales) * Required
1.V. Numbe	Three entries must be made. If this business has been in business for less than 3 years, complete as applicable and enter 0 if no revenues for prior year(s). If the business has no revenues in the last three years, you must provide proof of business activity by including a signed contract or purchase order with your application.  Year Ending Total Receipts  This is a "stretchy" table it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines they will be automatically removed when you submit the application.  Prof Employees *  Required  Please average the number of employees, excluding all owners, over the past year. If no employees for any category, enter 0.
	Permanent Temporary/Seasonal
	Full-time Full-time
	Part-time Part-time
1 W. In wha	at regions of NYS are you able to conduct your business activity? * Required
	Check all that apply.
	□ AII
	or
	☐ New York City ☐ Western NY ☐ Central NY
	☐ Long Island ☐ Finger Lakes ☐ Southern Tier
	☐ Capitol Region ☐ North Country ☐ Mohawk Valley ☐ Mid-Hudson

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# **Certification Application: Changes Since Last Certification**



Main	Signature	Submit	Utilities	Cert Li	st														
Type: <b>F</b>	OR NAME Recertificat	ion Appli	ication (f	NEW)															mplete 2/2020
трр ".	жжжжж								12	% com	plete								
red are	answer all of required are N/A ss.	nd must be	e comple	ted in or	der to sub	bmit y	your a	application	on. If a	a requii	ed field	d is no	t applic	able to	ed in your	Q		color Cood & incor	nplete
	ave Draft fr continue. S												o the se	ection a	t any		Comple	te	
time to	continue. C	ome que			e Draft			e & Re					Cano	el			·		
* requ	ired entry																		
Sect	tion Stat	us																	
Chang Status	jes Since La	ast Certifi	cation Se	ection															
Sec	tion Que	stions																	
	Has any of			el in this	s busines	ss ch	hange	ed since	your	origir	al date	e of c	ertifica	tion?	*			Rec	uired
	If ve	s, describ	e change	s helow	,														
	,		o onange	0 00.011	•														
		Yes:																	
	J																		
2.B. I	Has owners	ship char	nged sine	ce the k	ousiness	was	s last c	certified	* ?t									Req	uired
	If ve	s, describ	e change	s below	ı.														
	_	No	· ·																
	0	Yes:																	
																			//
2.B. I	Have there	been any	y change	s in op	eration o	of this	is busi	iness s	ince t	the las	t certif	ficatio	n? *					Req	uired
	If yes	s, describ	e change	s below	·.														
	0	No																	
	0	Yes:																	
																			//
2.C. I	Have there	been any	y change	s in the	control	of th	his bus	siness	since	it was	last c	ertifie	ed? *					Req	uired
	If yes	s, describ	e change	s below	١.														
	0	No																	

O Yes:

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### Certification Application: Owner(s) and Principal(s)



Main \$ ignature Submit Utilities Cert List

VENDOR NAME
Type: Recertification Application (NEW)
App #: xxxxxxx

12% complete

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red are

Question Color Coding

Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business.

Click **Save Draft** frequently to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

Question Color Coding

Required & incomplete

Optional & incomplete

Complete

Save Draft

Save & Return to Summary

Cancel

#### \* required entry

### **Section Status**

Owner(s) and Principal(s) Section Status

### **Section Questions**

3.A. Name & position of all person(s) with ownership interest in this business. \*

Required

If an owner does not hold a position with the business, "none".

Name	Position	Gender & Ethnic Group	Citizen	Date of Ownership	Ownership %	Voting %
		Gender	<b>Y</b>			
		V		(mm/dd/yyyy)	%	%
		Ethnic Group				
		▼				
		Gender	_			
		▼.		(mm/dd/yyyy)	%	%
		Ethnic Group				

This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

3.B. If this business is owned in full or in part by another business, please identify the business and percentage of ownership interest. \*

Required

Include venture capitalists and other similar investors.

O None

Yes Firm Name Address % Owned %

This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

#### 3.C. Has ownership changed since the business was created? \*

Required

If yes, describe changes below.

O No

Yes

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		//
3.D. Are any of the o	owners or principals of this business related? *	equired
If yes, ple	ease describe below.	
○ No		
		11
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#### Certification Application: Relationship With Other Businesses



Certification App	olication: Relationship v	vith Othe	r businesses					A.
Main Signature Submit U	tilities Cert List							
VENDOR NAME								Incomplete
Type: Recertification A App #: xxxxxxx	Application (NEW)						Start	ted: <b>1/2/2020</b>
				12% co	mplete			
Please answer all quest	ions as completely as possible that	are applicab	le to your business	. Questions highlighted in red	are required	and must be completed in order to	o submit your Question Co	lor Coding
	field is not applicable to your firm						ness.	_
	ntly to ensure that your information	is saved. On	ce saved, you can	return to the section at any tir	ne to continu	e. Some questions may not be sho	own in this	& incomplete
section due to your com	pany type.							& incomplete
							Complete	
			Save Draft	Save & Return to Sumr	nary	Cancel		
* required entry								
Section Status								
Relationship With Othe	r Businesses Section Status							
Section Question	ons							
4.A. Do any of the ke	y personnel perform a managem	ent or super	visory function fo	r any other business? *				Required
If yes, pro	vide detail for each person.							
No								
	Person	Title	Bu	siness Name	Function			
	This is a "stretchy" table it will expand a	s vou covo lino	To add more lines	cave page. To clear a line, delete o	tota from all field	ide in the line and save page. If the quest	ion chading turns grow the answer is a	omplete Vou
	can ignore any extra blank lines they w				ata mom amile	us in the line and <u>save page.</u> If the quest	ion shauling turns grey, the answer is c	omplete. Tou
4 D At present or at	any time in the past, has your be	isiness cons	sisted of a partner	shin in which one or more	of the partne	ors are other husinesses? *		Required
		asiness cons	sisted of a partite	sinp in which one or more	or the partie	are other businesses:		Kequireu
•	vide details below.							
♦ No								
O res	Name of Business		Address		Type of Bus	iness		
	This is a "stretchy" table it will expand a can ignore any extra blank lines they w				data from all fiel	ds in the line and save page. If the quest	ion shading turns grey, the answer is o	omplete. You
4.C. Do any principal	s, officers and/or owners of the	business hav	e an affiliation (e	.g. business interest or emp	oloyment) wi	th any other business? *		Required
If yes, cor	nplete the following.							
O No								
	Name of Person	Firm Name		Firm Address		Nature of Business	Nature of Affiliation	
	This is a "stretchy" table it will expand a				data from all fiel	ds in the line and save page. If the quest	ion shading turns grey, the answer is c	omplete. You
	can ignore any extra blank lines they w	vill be automation	ally removed when yo	u submit the application.				
4.D. At present, or at	any time in the past, has your be	usiness beer	n a subsidiary of a	ny other business? *				Required
If yes, pro	vide details below.							
No								
	Name of Business		Address		Type of Bus	iness		
•								
					1			
	This is a "stretchy" table it will expand a	a vav aava liaa	To odd mare lines	anua marra. Ta alanza lina, dalata s	lata from all fiel	lde in the line and covernous lifthe avenue	ion abading turns arou the angues is a	amplete Veu
	can ignore any extra blank lines they w				ata mom amile	us in the line and <u>save page.</u> If the quest	ion shauling turns grey, the answer is c	omplete. Tou
4 F At present or at	any time in the past, has your be	isiness own	ed any percentag	of any other husiness? *				Required
4.L. At present, or at	any time in the past, has your bi	usiness own	ed any percentage	e of any other business:				Kequireu
	vide details below.							
◇ No								
	Name of Business		Address		Type of Bus	iness		
	This is a "stretchy" table it will expand a				data from all fiel	ds in the line and save page. If the quest	ion shading turns grey, the answer is c	omplete. You
	can ignore any extra blank lines they w	ue automatio	any removed when yo	и эприни ине аррисацоп.				
4.F. At present, or at	any time in the past, has your bu	usiness had	any subsidiaries?	*				Required
If yes, pro	vide details below.							
♦ No								
	Name of Business		Address		Type of Bu	siness		

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can ignore any extra blank lines -- they will be automatically removed when you submit the application.

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# **Certification Application: Commodities and Services**



Main Signature	Submit Utilities Cert List		
VENDOR NAME			Status: Incomplete
Type: Recertification App #: xxxxxxx	n Application (NEW)		Started: <b>1/2/2020</b>
		12% complete	
Please answer all gu	estions as completely as possible that are	applicable to your business. Questions highligh	ted in
red are required and	must be completed in order to submit you	r application. If a required field is not applicable	to your
business.	luestions highlighted in yellow are option	al; please complete all those that apply to your	Required & incomplete
Click Save Draft free	wently to ensure that your information is s	aved. Once saved, you can return to the section	Optional & incomplete
	ne questions may not be shown in this se		Complete
You must enter a better define you	t least one NAICS code that best represer ir firm's activities.	nts your firm's business. Up to 9 additional (optic	onal) NAICS codes can be added to
Click to view the li	t of documents that you must submit i	if you are requesting services for your profil	e or commodity/work codes
	Save Draft Sa	ave & Return to Summary Cancel	
* required entry		,	
<b>Section Statu</b>			
Commodities and S	ervices Section Status		
Section Ques	ions		
5.A. Briefly descr	be your business *		Required
Note:	This description will be used on the put	olic directory. Be very specific about what comm	nodities or services your business
	es. Include any special skills or services the		
			//
5.B. Select the ap	propriate category that best describes	your business operations *	Required
	onstruction Related	Retail	
□ M	anufacturer/Supply	☐ Consumer Service	
□ P	rofessional Service	☐ Financial Services	
Ов	oker	Franchise	
От	echnical Service	Other - explain:	
		Cuter - explain.	
5.C. Provide the I	usiness' primary North American Indu	stry Classification System (NAICS) number	* Required
Selec	Code to search or browse available code	es. A pop-up window will display.	
		//	
	type code into text field; use <u>Select Code</u> loc ode to remove selection.	okup.	

5.D. Provide the business' secondary North American Industry Classification System (NAICS) number	Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup. <u>Clear Code</u> to remove selection.	
5.E. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
<u>Clear Code</u> to remove selection.	
5.F. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
Clear Code to remove selection.	
5.G. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
<u>Clear Code</u> to remove selection.	
5.H. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
Clear Code to remove selection.	
5.I. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
<u>Clear Code</u> to remove selection.	
5.J. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional
Select Code to search or browse available codes. A pop-up window will display.	
Do not type code into text field; use <u>Select Code</u> lookup.	
<u>Clear Code</u> to remove selection.	
5.K. Provide an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional

	Select Code to search or browse available codes. A pop-up window will display.	
	Do not type code into text field; use <u>Select Code</u> lookup.	
	<u>Clear Code</u> to remove selection.	
5.L. Provid	e an additional OPTIONAL North American Industry Classification System (NAICS) number	Optional
	Select Code to search or browse available codes. A pop-up window will display.	
	Do not type code into text field; use <u>Select Code</u> lookup.	
	<u>Clear Code</u> to remove selection.	
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#### Help & Tools **Certification Application: Firm's Past Work** Main Signature Supmit Utilities Cert Lis VENDOR NAME Status: Incomplete Started: 1/2/2020 Type: Recertification Application (NEW) App #: xxxxxxx Please answer all questions as completely as possible that are applicable to your business. Questions highlighted in red are required and must be completed in **Question Color Coding** order to submit your application. If a required field is not applicable to your firm mark it as N/A. Questions highlighted in yellow are optional; please complete all those that apply to your business. Required & incomplete Optional & incomplete Click Save Draft frequently to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type. Complete Save & Return to Summary Save Draft Cancel \* required entry **Section Status** Firm's Past Work Section Status **Section Questions** 6.A. List the three largest accounts for which the business has provided goods or services within the last two years. \* Required O No projects completed Yes Firm/Organization Name Project Completion Date Dollar Value of Contract Location of Project Type of Work Project Start Date (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) This is a "stretchy" table -- it will expand as you save lines. To add more lines, save page. To clear a line, delete data from all fields in the line and save page. If the question shading turns grey, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application. 6.B. Have you successfully bid on work as a prime in the past year? \* Required Yes O No 6.C. Have you successfully bid on work as a subcontractor in the past year? \* Required O No

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